

MULTIPLE DEPENDENT OLATA FEE CALCULATION SHEET (FOR USPTO FORM 10-572)						SERIAL NO.	FILED DATE
						APPLICANT	
CLAIMS							
NO.	AS FILED		AFTER INDEMNITY		AFTER INDEMNITY		NO.
	IND.	DEF.	IND.	DEF.	IND.	DEF.	
1							51
2							52
3							53
4							54
5							55
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41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL							TOTAL
IND.							IND.
DEF.							DEF.
TOTAL							TOTAL
CLAIMS							CLAIMS

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